

**REQUIRED 2003 ANNUAL PRESCHOOL AND CHILD CARE CENTER
IMMUNIZATION STATUS REPORT
(RCW 28A.31.1123)**



This form collects information on the immunization status of children from *birth through preschool* in your program.

Please complete the information below and return the completed white copy by February 1, 2003.

If you have questions, please call Toll Free 1-866-397-0337

Return to:

Department of Health

Washington State Immunization Program

New Market Industrial Center Building 1

PO Box 47843

Olympia, WA 98504-7843

Toll Free FAX 1-866-630-2691

CENTER INFORMATION

Center Name: _____

Mailing Address: _____

City, State, Zip: _____

Check all that apply:

- ☐ New center
- ☐ Name change (old name _____)
- ☐ Closed/no longer in business
- ☐ Inactive/temporary closure
- ☐ Drop in center

Date: _____

County: _____

Phone: _____

Completed by: _____

Check all that apply:

- ☐ ChildCare
- ☐ Preschool
- ☐ Federal Headstart/ECEAP
- ☐ School age only (k-12)
- ☐ Seasonal / migrant program

• **SECTION 1: Enter the total number of children enrolled at the center on the date the report is prepared. Do not include children enrolled in K-12 (whether at your center or in a public/private school). If your program is only for school-age children, indicate above and return report to DOH.**

• **SECTION 2: Enter the number of children whose immunization status falls into each category. The sum of all the categories in Section 2 must equal the number given in Section 1. (Complete for age + conditional + medical + personal exempt + religious exempt + out of compliance = total number of children enrolled)**

- Complete for Age: Number of children who have presented a signed Certificate of Immunization Status (CIS) form showing sufficient immunization dates to meet the schedule for their specific age (see chart on back of page).
- Conditional: Number of children who have presented a signed CIS form and are in the process of being immunized, but it is too soon for their next dose.
- Exempt: Number of children who have presented CIS forms with signed exemptions. A medical exemption requires a signature from a medical provider.
- Out of Compliance: Number of children whose immunization status is not complete, not conditional or not exempt. Any child who is out of compliance must be excluded from attendance until he/she meets the requirements. A child without a signed CIS form is considered out of compliance.

• **SECTION 3: Please tally the specific vaccines for those children, indicated in section 2, as being conditional, exempt for any reason or out of compliance (see above for definitions), and enter the totals in the appropriate box in section 3. A list of these children should be kept on file for your center.**

DO NOT INCLUDE CHILDREN ENROLLED IN K-12

SECTION 1 Enrollment		SECTION 2 IMMUNIZATION STATUS					SECTION 3 NUMBER OF CHILDREN LACKING REQUIRED VACCINES						
Total Number of Children Enrolled	Complete for Age	Conditional	Medical Exempt	Personal Exempt	Religious Exempt	Out of Compliance	DTP/DTaP	Polio	Measles	Mumps	Rubella	Hib	Hep B
7	1	2	3	4	5	6	A	B	C	D	E	F	G

BOX 7 = 1+2+3+4+5+6

Sum of A through G must be equal to or greater than 2+3+4+5+6

DISTRIBUTION:

White: Washington State DOH Immunization Program

Pink: Your files

DOH 348-014a (11/02)